



EMERGENCY PREPAREDNESS TRAINING APPLICATION

Name (<i>Last, First, Middle Initial</i>):		Work Address:	
Work Phone No.:	Home Phone No.:	E-mail Address:	Fax No.:
DIPLOMA MAILING ADDRESS:			

COURSE INFORMATION			
Course Name	Course Code	Course Location	Course Dates
Do you have any disabilities (including special allergies or medical disabilities) which would require special assistance during your attendance at the training course? (If yes please describe the type of special assistance required.) <input type="checkbox"/> YES <input type="checkbox"/> NO			

ENDORSEMENT AND CERTIFICATION
Name and Complete Address of your Agency and/or Organization: <i>(if applicable)</i>
.....
Current Position:
.....
I certify that the information recorded on this application is correct.
Signature of Applicant: _____ Date: _____

<p><i>FOR DISTRICT OF COLUMBIA AGENCY EMPLOYEES -- PLEASE OBTAIN SUPERVISOR APPROVAL</i></p> <p><i>I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designees, of my organization/agency.</i></p> <p>Signature of Supervisor: _____ Date: _____</p>

TO APPLY:

Return this completed form to the District of Columbia Emergency Management Agency Training Office before the course registration deadline. Please either mail or fax this application to:

District of Columbia EMA
Training Office
2000 14th Street, 8th Floor
Washington DC 20009
Phone Number: (202) 673-2101 Ext. 1188
Fax Number: (202) 673-2290